



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DIVISION OF MOTOR VEHICLES

100 Main Street
Pawtucket, RI 02860

PERMIT # _____

APPLICATION FOR ORAL EXAMINATION

PLEASE PRINT THE FOLLOWING INFORMATION

NAME IN FULL: LAST FIRST MIDDLE

ADDRESS: STREET & NUMBER CITY STATE ZIP CODE

DATE OF BIRTH MONTH DAY YEAR TELEPHONE NUMBER

EDUCATION:

CIRCLE NUMBER CORRESPONDING TO HIGHEST

LEVEL OF EDUCATION:

ELEMENTARY - HIGH SCHOOL 8 9 10 11 12 OTHER _____

DO YOU HAVE A LEARNING DISABILITY? SPECIAL EDUCATION?
YES _____ NO _____ YES _____ NO _____

HAVE YOU EVER FAILED A RHODE ISLAND WRITTEN EXAM FOR A LICENSE?
YES _____ NO _____ IF YES, HOW MANY TIMES? _____

HAVE YOU EVER TAKEN A RHODE ISLAND ORAL EXAM FOR A LICENSE?
YES _____ NO _____ IF YES, HOW MANY TIMES? _____

HAVE YOU EVER HELD AN OPERATOR'S LICENSE IN ANY OTHER STATE?
YES _____ NO _____ DID YOU TAKE AN ORAL EXAM? _____

IF YES, WHICH STATE? EXPIRATION DATE CURRENT STATUS (PICK ONE)
_____ ____/____/____ ACTIVE EXPIRED SUSPENDED

SIGNATURE _____ DATE _____

MAIL TO:

FIRST LICENSE DIVISION
DIVISION OF MOTOR VEHICLES
100 MAIN STREET
PAWTUCKET, RHODE ISLAND 02860

YOU WILL BE NOTIFIED BY MAIL!